

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/535748 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10			1		1		60						
11			1		1		61						
12			1		1		62						
13			1		1		63						
14			1		1		64						
15			1		1		65						
16			1		1		66						
17			1		1		67						
18			1		1		68						
19						1	69						
20						1	70						
21						1	71						
22						1	72						
23						1	73						
24						1	74						
25						1	75						
26						1	76						
27						1	77						
28						2	78						
29						2	79						
30						2	80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			5		3								
TOTAL DEP.		22	22		10								
TOTAL CLAIMS		27	27		13								